

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030500

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 098

Primary Registration District No. _____

Registrar's No. 115

FILED AUG 23 1962

1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jamesport</u>		Length of stay in 1b <u>70 yrs.</u>		c. CITY OR TOWN <u>Jamesport</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ROY</u> Middle <u>HARL</u> Last <u>HAYES</u>				4. DATE OF DEATH Month <u>AUG.</u> Day <u>5</u> Year <u>1962</u>			
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 12-1883</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Businessman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Produce & Food</u>		11. BIRTHPLACE (City and state or country) <u>Warren Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Samuel Hayes</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Garner</u>		14. NAME OF HUSBAND OR WIFE <u>Mattie Hayes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Mrs. Mattie Hayes, Jamesport, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Parotie Neurosyphilis</u> DUE TO (b) <u>Luetic infection 25 yrs ago.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from <u>1950-</u> to <u>Aug 5 -62</u> and last saw him alive on <u>Aug 5 62</u> Death occurred at <u>10:45 A M</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>E.B. Bailey</u> (Degree or title) <u>DO.</u>				22b. ADDRESS <u>Jamesport Mo.</u>		22c. DATE SIGNED <u>Aug 5 62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Aug 8-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>		23d. LOCATION (City, town, or county) <u>Jamesport</u>		(State) <u>Mo.</u>
24. FUNERAL DIRECTOR <u>C.L. Roberson</u> ADDRESS <u>Jamesport Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>8-19-62</u>		26. REGISTRAR'S SIGNATURE <u>Reginald Englehart</u>		

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

O. L. Robinson

Licensed Embalmer No.

3244

P. O. Address

Jamesport mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.